

ANNUAL STATUS REPORT

On

HOUSE BILL 144 (KRS 210.577)

OCTOBER 1, 2001

The following report is in response to the mandates as stated in KRS 210.577:

HB 144 Mandate: (1) The commission created in Section 2 of this Act shall meet at least quarterly during the 2000-2001 biennium, at least biennially thereafter, or upon the call of the chair, the request of four (4) or more members, or the request of the Governor.

- The Commission held its initial meeting in June 2000. Eleven additional meetings have been held since the initial meeting. In the development of the plan, seven sub-committees were formed with 167 members.

HB 144 Mandate: (2) The commission shall serve in an advisory capacity to accomplish the following:

(a) Advise the Governor and the General Assembly concerning the needs of persons with mental retardation and other developmental disabilities;

- The ten-year plan specifies the need for a system that will have the capacity to provide the needed components of a comprehensive package of services for between 8,000 and 10,000 Kentuckians. The current capacity for comprehensive services is approximately 3000 (1,921 in the Supports for Community Living program and 1,019 in facilities). Research has indicated that in order to eliminate the waiting list, Kentucky needs to plan to serve approximately 200-250 people per 100,000 population.
- Particular supports/services needed by persons with mental retardation and other developmental disabilities and prioritized by the Commission are as follows: Day/Community Habilitation, Supported Community Residences, Accessible Transportation, Employment/Volunteerism, Transition from Birth through Entire Life Span, Assistive Technology, Respite Services, Recreation, Behavior Supports, and other Support Services. The Commission supports the concepts of self-directed funding such that individuals and families control the money available for their support.
- Expansion funding in the FY 01-02 biennium has been allocated to 500 additional people in the Medicaid Supports for Community Living Waiver. Of that number,

217 had lost their caregiver(s) and were determined to meet the emergency criteria; the remainder, 283, had been on the waiting list for as long as sixteen years (since September 1984).

- All of the existing capacity has been allocated. As of September 25, 2001, there are 1,725 individuals on the waiting list/registry for services.

(b) Develop a statewide strategy to increase access to community-based services and supports for persons with mental retardation and other developmental disabilities. The strategy shall include:

1. Identification of funding needs and related fiscal impact; and

- The Commission has determined that \$33,371,000 in State General funds is needed for the FY 03-04 biennium. This is the next step in building a capacity to serve 8,000 people within the 10-year time frame. Please see the attachment titled "Preliminary Cost Estimates, HB 144 Commission Plan".

2. Criteria that establishes priority for services for individuals approved for slots that consider timeliness and service needs;

- An emergency regulation was filed which addressed the immediate need to allocate funding to individuals in crisis and to verify that the crisis is ongoing before the emergency criteria is confirmed.
- The waiting list for SCL went from a statewide list to fourteen regional lists, with funding going to those in each region who have waited the longest for services or who meet the emergency criteria.
- The Commission will continue to work on developing equitable criteria for prioritizing those on the waiting list. Currently, unless an individual loses his/her caregiver and meets the emergency criteria, the sole criterion is length of time on the waiting list. Any change in criteria will require a regulatory amendment.

HB 144 Mandate: (c) Assess the need and potential utilization of specialized outpatient clinics for medical, dental, and special therapeutic services for persons with mental retardation and other developmental disabilities;

- The Commission created a special subcommittee to focus on this issue. The subcommittee determined: that there is a lack of qualified or experienced medical, dental and therapeutic professionals; that individuals and their families have difficulty accessing these services; and that there is a lack of interest in, and lack of education and awareness about serving individuals with mental retardation and other developmental disabilities. Therefore, the funding for an outpatient clinic is included in the funding request put forth by the Commission.

HB 144 Mandate: (d) Evaluate the effectiveness of state agencies and public and private service providers, including nonprofit and for-profit service providers in:

1. Dissemination of information and education;

- The Commission meetings are public meetings, and have had the regular attendance of approximately 80 guests. Many of those in attendance represent regional and statewide advocacy groups and providers. Thirteen (13) public forums have been held across the State. The Department of Mental Health and Mental Retardation has a dedicated website for the Supports for Community Living waiver, and other services supported by the Division of Mental Retardation.
- The outreach efforts conducted by the state have been mirrored by public and private providers for the people within their communities.
- The Commission's recommendations include funding for a Central Point of Contact who would act as a focal point for resources and information for a specific region.

2. Providing outcome oriented services; and

- The Division of Mental Retardation conducts annual interviews with people who are receiving supports for the purposes of determining the outcomes of those services. The Commission's recommendations include the funding of additional consumers and families in quality assurance activities.

3. Efficiently utilizing available slots and resources, including blended funding streams;

- The initial 250 people to be served with the additional funding were notified within fifteen days of the first meeting of the Commission. Of that number, 213 have chosen a support coordinator, have developed a plan for their services and supports, and have begun to receive services.
- In April 2001, allocation letters were sent to 200 of the people to be served in the second year of the biennium, so that they could begin the process of choosing a support coordinator, developing a plan, and selecting their service providers. As of this date, funding has been obligated to serve the remaining 50 individuals, for a total allocated capacity of 500 individuals.
- Because of a historical lack of funding, service providers were limited. Through training and information efforts, additional providers have been recruited. Since the implementation of HB 144, 29 additional providers have been recruited and approved, and 53 additional provider applications are in process. The presence

of additional providers has given people more choice in what they receive and in who serves them.

HB 144 Mandate: (e) Develop a recommended comprehensive ten (10) year plan for placement of qualified persons in the most integrated setting appropriate to their needs;

- Kentucky's Plan: From Dreams to Realities for Quality and Choice for All Individuals with Mental Retardation and Other Developmental Disabilities was submitted to Governor Paul E. Patton and the General Assembly on April 17, 2001. Highlights of the plan include efforts related to: Prevention, Promoting Choice, Promoting Quality, Promoting Access, and Financing the System.

HB 144 Mandate: (f) Recommend an effective quality assurance and consumer satisfaction monitoring program that includes recommendations as to the appropriate role of family members, persons with mental retardation and other developmental disabilities, and advocates in quality assurance efforts;

- The Commission recommends that family members, persons with mental retardation, and advocates be included in quality initiatives and monitoring activities at the state and local/regional levels. It is recommended that the current Core Indicators Project be expanded. This project utilizes a national instrument in assessing client satisfaction, safety and quality of life. Rather than relying on a professional surveyor, the Commission recommends a survey team, which includes one professional and a consumer or family member.
- Based on consumer activities and monitoring activities conducted by the state and local regulatory authorities, a monitoring report regarding service providers' compliance with regulations and the quality of services delivered will be published and made accessible to the public.

HB 144 Mandate: (g) Advise the Governor and the General Assembly on whether the recommendations should be implemented by administrative regulations or proposed legislation for the 2002 General Assembly.

- No legislation is being pursued beyond the request for additional funding.
- Pending more work by the Commission, regulatory amendments will be requested regarding additional criteria to be used in prioritizing the waiting list.

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